

*Journal
of the
Child Welfare League
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Value of a Merger
of Children's Services

Contribution of
Protective Services

Training for Houseparents
in Switzerland

A Troubled Boy and the Forest

February 1957

HENRIETTA L. GORDON, Editor

CHILD WELFARE is a forum for discussion in print of child welfare problems and the programs and skills needed to solve them. Endorsement does not necessarily go with the printing of opinions expressed over a signature.

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Editorial and general office: 345 E. 46th Street, N.Y. 17, N.Y.
Published monthly except August and September by the
Child Welfare League of America, Inc.
Annual Subscription, \$4.00
3-Year Subscription, \$10.00
Individual Copies, 45 cents
Student Rates—Annual Subscription, \$2.75
2-Year Subscription, \$5.00

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Library of Congress Catalog Card Number: 52-4649

VOL. XXXVI

No. 2

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THE VALUE OF A MERGER OF CHILDREN'S SERVICES

Irving Greenberg
Executive Director

Alan Bookman
Director of Casework Services

Jewish Child Care Association of
Essex County, Newark, N. J.

The authors discuss how the merger of children's agencies strengthened a child care program, pointing out that the planners were originally not fully aware of the potentialities for better service.

MERGER OF social agencies has occupied the interest and attention of community planners and social agency executives for at least two decades. They have been preoccupied especially with this kind of an approach to the solution of many of the problems of the social agency. By comparison, few practicing caseworkers have been interested in this phenomenon. It is unfortunate that practitioners have not applied themselves to uncovering the potentialities of merging services for improved help to the client.

Social agencies must be aware that we are operating in a constantly changing world. Therefore, the emphasis of our services must be determined by changes. Our concern with the economically deprived child of yesterday may have to shift to a concern for the emotionally disturbed child of today. Relatively fewer children need placement. Some services become outmoded because they are unnecessary. Agencies frequently are not ready to meet the new demands upon them because a change in direction is often hard to come by.

To some agencies, merger has seemed like a possible solution for all difficulties. We know by now that the results of merger have often been very different from the expectations. Merger per se, while providing bigness and complexity, does not in itself necessarily produce required solutions to human problems or even improved service. The primary aim of all consolidations of social service should be to improve quality—to find new ways of solving individual problems.

Formation of the Merged Agency

The problems of merging family and children's services are not the concern of this

article. This has been analyzed in previous issues of CHILD WELFARE and in other social work literature. In this paper, we are primarily concerned with describing and analyzing the actual experiences of one agency in one community where several children's agencies were merged.

New values for service were not apparent when the creation of our agency was urged. A professional study made in 1946,¹ recommended the consolidation of four existing children's agencies. The new agency would be known as the Jewish Child Care Association of Essex County, New Jersey. Three of the agencies agreed to merge.² In addition to consolidation, the following were recommended for the new agency: a Central Intake Department, a management and clerical staff, a Department of Research and Interpretation, a Clinical Unit including a psychiatrist and a clinical psychologist, a Foster Home Department and an Institutional Unit for Dependent Children, together with a Resident Treatment Home for Disturbed Children. The newly formed agency was organized accordingly, with the exception of the Research Program and Centralized Intake. Intake remained separate for the two service departments, namely placement and guidance.

¹ Herschel Alt and Herbert H. Aptekar, *A Study of Jewish Casework Agencies in Essex County (Newark), New Jersey*, Jewish Community Council of Essex County, 1946.

² The fourth remains to this day, what it then was, an orphanage for Jewish children, operating outside of the organized Jewish community.

The purposes of the newly formed agency stated in the bylaws of the Association were as follows:

"The purposes of this Association are to care for dependent, underprivileged children, undernourished, maladjusted and other children who do not have the benefit of normal life and living conditions because of insufficient, inadequate or improper parental supervision, or because of their own . . . , mental, physical or other disability; and to that end to provide every type of care, treatment and help necessary or desirable."

As written, this seemed like an ideal to be attained in some distant future. There were at the same time practical reasons for the merger which might be summed up as follows:

- 1) a more professional approach to the needs of Jewish children in the community,
- 2) a more economical use of community funds, and
- 3) a desire for orderly and responsible methods of community planning.

That the merger might subsequently stimulate the development of a broader child care approach was not contemplated. The first concern of the planners was for a quick blending of the several separate boards into one merged board. In the first two years of operation, it was possible to weld the lay trustees together into one integrated group which could begin to function adequately. It took several years to unify the services on a realistic, efficient and meaningful professional basis. What was common to all the services first had to be discerned and defined and then, later, integrated by the total professional staff.

Agency As It Is Today

Today, the agency has the following services: placement of children in foster homes; placement of children in specialized group homes and institutions; service to unmarried mothers; service to adoptive couples; and child guidance treatment. One of the casualties of the merger was the residential treatment center operated by the agency. We closed our institution in 1955. This, however, has in no way mitigated or changed the original charge to the agency to provide resident treatment service for children in our community who need it. We are now fulfill-

ing this charge by purchasing resident treatment care from other institutions.

The professional personnel of the agency remains what it was at the time of the merger: There is an executive director who is a professionally trained social worker; two supervising social workers head the placement and guidance units; a psychiatrist is clinical director for the Child Guidance Clinic, which has also auxiliary psychiatric staff and a clinical psychologist; seven social workers are divided almost equally between the placement services and the Child Guidance Clinic, and one intake coordinator is responsible for the intake process with all applicants for service. In addition, other services are purchased from specialists—physicians, dentists and others—as necessary. The position we have lost is that of the resident director of our institution.

Centralized Intake Introduced

With the unification of the separate lay members into an effective operating board, administration was able to turn its attention to the problems of developing in the professional staff an integrated identification with the new agency. The chief factor in achieving this identification was the creation of single, centralized intake. This was the result of a long, involved process engaged in by the executive director and the supervising staff, extending over a period of two years.

To understand our need for centralized intake, it is necessary to describe intake as it was operated initially in the agency. Intake was then related to the specific, separate services which had been merged. An applicant requesting child guidance treatment applied directly to the Child Guidance Clinic. Similarly, if an applicant requested any type of placement for his child, he was directed to the placement services of the agency. We were troubled by this continuing separation of intake among the parts of the agency, for we were only too aware that the kind of request made on behalf of the child represented neither the whole problem nor the particular direction in which the solution should be sought. We knew that for some

cases neither service was available, and that other cases were being referred elsewhere prematurely. Applicants who might have been, were not being served effectively within our agency. We realized that intake limited to one service obscured a broader approach to children's needs and prevented the most effective utilization of what we had to offer.

Having agreed on the need for improving the original intake structure, the administrative and supervisory staff moved as rapidly as possible toward agreement on the establishment of centralized intake. In so doing, it was necessary to assimilate many complex implications pertaining to the professional staff. The staff had to develop the concept of appropriate solutions through appropriate services. This meant that we were breaking into existing professional cliches in our agency which had given greater status to the position of the psychiatric social worker than to the placement worker. While this was not easily overcome, the integrity of the professional staff was a large enabling factor. After the professional staff had been prepared for a single intake structure, we were faced with the problem of obtaining an individual who possessed the kind of flexibility based on knowledge and skill which this position required. Fortunately, one of our supervisors was able to undertake this assignment. Possessing many years of experience and having been with the agency from the beginning of the merger, her presence and interest facilitated the whole process immeasurably.

In setting up centralized intake, it was agreed that all referrals and applications made to the agency would be handled by the intake coordinator, as we designated the new position. This meant that both placement services and Child Guidance Clinic gave up their previous prerogative of establishing for themselves the criteria for accepting cases. The intake coordinator was given the ultimate responsibility of assigning for service to the specific units of the agency. To assist her in this difficult responsibility, a diagnostic unit was created. Within this unit were located the psychiatrist, the clinical psychologist and such other specialists as might be

necessary. The diagnostic unit served to assist the intake coordinator in the evaluation of an application. Once the intake coordinator assigns the case, it is up to each unit to provide the service indicated.

Effects of Centralized Intake

Within the scope of this paper, it is not possible to give in any great detail, the ongoing process with relation to the centralized intake unit and its operations. Suffice it to say, that creation of the unit was by no means the end of our difficulties, nor the solution to all our problems. It was necessary for all of our professional staff to reorient themselves in this new mode of operation. At present, centralized intake as carried by the intake coordinator, has proved its effectiveness and has been wholly accepted throughout the agency.

What we wish to stress is the economy of values for service to the client, which began to develop after we established one single intake structure. In our separate intakes we had overlooked that we were primarily service-centered rather than client-centered. Centralized intake has enabled us to listen more fully to the client and his expression of need. We have become much less concerned with establishing a psycho-social diagnosis and prescribing treatment. We are now more concerned with helping the client utilize his ego strength in the discovery of what he is able and willing to do in working toward a possible solution for his problems. Our interest is in assisting the client to utilize the specific services of the agency when and how he needs them in order to overcome his difficulties. And we are also prepared to help the parent discover other more appropriate and acceptable solutions to his problems, which can be obtained elsewhere. Within this kind of flexible intake, both the worker and the client have greater freedom to examine the possibilities for help offered by a number of specific services. Previously, the parent was restricted to either one or the other of our services. This newer flexibility becomes the source of dynamic help for the parent. The parent who, in desperation, comes requesting

placement of his child, may now be helped to examine his efforts to become a more effective parent. It is now more possible for some parents to decide to maintain their children at home and to utilize our counseling service towards this purpose. Similarly, other parents who formerly came requesting treatment for their children, are enabled to accept the need for help with their own attitudes before treatment can be considered for the child.

The merger in and of itself did not produce any new or radical approaches to foster home placement or to child guidance treatment. We have continued to utilize the basic knowledge and skills which we had developed over the years throughout the field. We were able to avoid the errors of attempting to merge case loads.³ What has developed for us is a concept of the parent needing help in order to function more effectively for his child. We have become increasingly aware of what underlies the parent's behavior and attitudes, whether he comes to us for placement or for guidance. We understand more completely how and why some parents can at best tolerate movement into a helping relationship only if it is in terms of the child rather than of the adult.

Involving the Parent

Out of this experience derived from centralized intake, we have now set up a parent-counseling service, in which we give direct help to the parent in meeting his parental responsibilities. This counseling service begins with the parent and where he is in feeling and attitudes in relation to his child. It aims to assist the parent in arriving at a solution of his interpersonal difficulties with the child. It may serve to help him maintain the child at home or enable him to utilize separation if this is necessary. We have discovered that some parents need a period of work with the counseling worker in order to be prepared for constructive, cooperative

participation in the child guidance treatment of their child. Another group of parents, where the symptom pathology within the child is neither severe nor heavily internalized, may be helped to alleviate and improve what is essentially reactive behavior. There is a third group of parents who can consider placement of the child, where it is socially necessary and desirable, only if they are given the freedom to work toward an acceptance of placement within our counseling structure, rather than with the placement worker.⁴

When we now discuss "child care" in our agency, "care" no longer denotes merely physical or custodial management of the child. What we mean today is "care" as synonymous with concern and solicitude. We mean this in a very special sense, over and above the concern, the caring for, always understood to be one of the dynamic principles in approaching the helping of other individuals. Our "care" involves the view of the whole child and his needs in relation to his parents and how they function for him. In terms of service, this would mean that at times only the parent is included, as in the counseling service. At other times, the child as well as the parent would be served, as when the child is treated in our Child Guidance Clinic, or when the child is placed under our direct care, either in a foster home or in a group setting.

While it is very fashionable these days to talk about family-oriented casework, what we as a children's agency are seeking to define is casework focused on parenthood. Children's agencies have too long been tied to the concept of the child and his needs, failing to realize that most often service to the child is possible only within the limits of the parents' capacity to function as parents. Agencies are learning, and have learned, how to test the parental capacity from the very day that the parent first makes application for service. Wherever possible, agencies have as their primary aim the maintenance of the child

³ Edith L. Lauer, *The Generic and Specific Aspects of Casework in a Merged Agency*, Child Welfare League of America, 1942.

⁴ Charles Miller, "Request for Placement at Intake in a Child Guidance Agency," *BULLETIN of the Child Welfare League of America, Inc.*, May 1942.

within his own home. To this end, they attempt to develop and utilize all necessary and appropriate facilities. Within our agency, the merger has enabled us to develop a broader array of services than otherwise would have been possible if the community continued to maintain split children's services. In addition, we see as our responsibility the stimulation of newer services within other more appropriate agencies, in order to make it possible for the child to remain in his own home. For example, our close relationship with the Jewish Family Service Association in our community has enabled us to encourage them to use a more extended homemaker service, in order to permit a certain number of children to remain at home with their parents.

The Place of Psychiatry and Psychology

The inclusion of psychiatry and psychology into the daily operation of other agencies, both children's and family agencies, has been a common endeavor in recent years. Because of our comparatively fortunate history, we are much further along with this than some other communities. While we have remained a social agency in concept and function, we have been utilizing the disciplines of psychiatry and psychology for several years. Frequently, we think of psychiatry, psychology and casework as operating together only within the clinic or hospital setting. Our experience has taught us that this is not so.

What we have been working on is a demonstration of how these disciplines can operate effectively in an agency like ours together with casework, and how necessary it is to have proper integration of all three disciplines in enhancing the child care program in any community. The medical aspects and the medical responsibility of psychiatry can be preserved effectively within the social agency. Casework and psychiatry can practice as two individual disciplines rather than as corollary one to the other. As we have said, in our agency the psychiatrist functions as clinical director and as diagnostician and consultant for the other services. The psychiatrist is the one who takes ulti-

mate responsibility for diagnosis and prescribing treatment of psychopathology for any child accepted by the agency. In so doing, however, he makes no unilateral decisions as to the course and nature of the ongoing process with the client. The social worker and psychiatrist have equal, but separate roles in providing service. This emphasis begins in intake and continues throughout the life of the case. In a measure, casework has aided the psychiatrist to broaden his perspective to include the appropriate psycho-social realities, while psychiatry has deepened and extended the caseworker's understanding of the dynamics of the client's behavior.

New Focus on Needs of Child

The merger of the family and the children's services in some other communities has led to an increase of family services and decrease of children's services or the reverse. Fortunately for us, the fact that only children's services were merged has enabled us to concentrate on the nature of the changing needs and problems of children and parents as they emerge in a prosperity climate, as contrasted with a depression climate. Since the general environment is no longer largely one of economic deprivation, it permits individuals the freedom to dwell on their interpersonal relationships.

Insofar as behavior problems are concerned in some respects it has actually been the parent who has caused our agency to become more broadly concerned with his needs and the needs of his child. Increasingly, we find that parents are as concerned about the ongoing development of their children as they are about an immediate difficulty. In greater numbers, parents are requesting a psychological and social check-up for their children, as they have already learned to seek regular physical health examinations. Such parents would not apply to a placement agency for this service. Some would resist turning to a child guidance treatment agency.

Our concern for the "normal" child is known to the community and enables parents to seek us out. Our broader view per-

mits us to make our casework and counseling skills available in a more appropriate manner. We do not relate primarily to the pathology in parents and children, but to their capacity for effective and satisfying social functioning. Parents have begun to use our agency in a variety of new ways. We make it possible for them to come to an agency which is no longer associated primarily with the need for separation or the need for treatment of pathology. We can offer several possibilities: evaluation, evaluation with treatment, evaluation with counseling, and evaluation with placement services. Always relating these to the child and to what he needs, we continually test the capacity of the parents to function as parents for their particular child. A children's agency offering only one service often propels the parent to move with an impossible urgency toward a rapid solution of his problem. A broad child care concept does not permit this urgency to become paramount—it becomes only one integral element along with other elements in the situation. There is a newer freedom of movement which worker and parent use in moving toward an appropriate and acceptable solution of the problem.

As stated in the beginning of this paper, we were not concerned with the merit of merging family and children's agencies. However, some comment may be in order at this time. We believe that for our own community there was value in a merger of children's services. This has enabled us to focus on the needs of children and to discover and elaborate those skills and services appropriate to meeting these needs. Had the community merged the family and children's agencies in 1948, we believe that the children's services would have suffered to some extent. Our experience has afforded us an opportunity to develop our children's services with independent strength. This has been of great value to the community as a whole. All child care agencies can benefit from a period of concentration, rethinking and discovery. This can only be done if the children's agencies are permitted to remain essentially related to children. The learning we have achieved

about the functioning of individuals in relation to other individuals derived from other disciplines and professions has been sufficiently applied in the casework relationship to reinforce the notion of common similarities in offering social services. This certainly enables an organization to set up a single administrative unit based on these similarities.

During the next decade child care agencies should be permitted by community planners to concentrate on consolidating and expanding under child care auspices. Mergers of family and children's agencies thereafter would be on a more substantial basis. We know that undifferentiated case loads are not possible without sacrificing specific services. No one caseworker could attempt to possess all the skills and utilize all the resources necessary to the achievement of a satisfying result for a particular family. Child care agencies should take a stronger stand on behalf of all children and their needs. They should not allow themselves to be pushed into premature family and children's agency mergers.

Conclusion

In discussing the merger of several children's services in our community, we have described how three separate boards were able to move fairly quickly toward an integrated operation as one board of trustees for a newly merged children's agency. Finding a unifying principle for administrative, supervisory and practitioner staff was a longer and more involved process, but a necessary one in order for the new agency to function in a manner coinciding with the purposes of the new Association as stated in the charter. Integration of staff was vital. However, separate case loads were continued and separate departments continued to function because of important differences within specific services. The unifying concept that emerged was the principle that our focus in all the services was on parenthood.

In offering service to children, we operated effectively only to the extent that the parent could be helped to function parent-wise. This principle was by no means expected or anticipated

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pated when merger was contemplated. It evolved creatively out of the merger experience, particularly as administrative and supervisory staff engaged in a process of unification which resulted in the development of a centralized single intake process for the agency. Out of centralized intake, child care was broadened in meaning from only the assumption of direct responsibility for the welfare of the child, to promoting concern and solicitude for the child's functioning—within his family unit and within the community. Centralized intake became the structural expression of this unifying principle. The broader array of services available under one administration was seen to hold new values for the caseworker and parents as they became engaged in the helping relationship. For our community, this merger of several children's services afforded an opportunity to develop and extend the children's services to the point where they would possess an inner strength denied them prior to merger.

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THE CONTRIBUTION OF PROTECTIVE SERVICES

Irving Kaufman, M.D.†

Consultant

Massachusetts Society for Prevention of
Cruelty to Children, Boston

Although the session dealt with "The Basic Concern of a Community for All Children in their Own Homes," we are presenting only the papers which considered protective services. Dr. Kaufman's paper and the discussion which follows emphasize the dynamic factors in the family situation involved in protective casework treatment, though the authors recognize fully the extreme importance of the socio-cultural factors.*

THE COMMUNITY sets the standards for acceptable, desirable, and necessary parent-child behavior. The caseworker doing protective casework as a member and representative of the community has to be fully aware of these values and standards and be able to present them to the client in a therapeutically meaningful way. The parent-child pathology then represents a threat which the community feels is not only to the child but to itself. The symptomatology with which the caseworker deals has to be considered not only in terms of intra-psychic conflict, parent-child pathology, etc., but also in terms of the relationship of the disturbed family to the community. These factors have considerable effect on therapeutic procedures especially in relation to the many reality problems such as school, work, and counter-transference feelings. The caseworker has to evaluate the psychic strengths and weaknesses in each case.

Another special characteristic of protective casework is that, generally speaking, the caseworker initiates the service. There are sound dynamic principles involved in this procedure. These are clients whose disturbances not only manifest themselves in their gross symptomatology, but also in their inability to initiate and, for a time, take the responsibility for the continuity of treatment. To expect such a client to come to the office for help on any regular basis, especially

in the beginning of treatment, is as unrealistic as expecting a person with a broken leg to walk to the orthopedist to have it set.

This in no way negates the rights and privileges of the family. But the problem of making a diagnosis, evaluating the strength, dealing with immediate reality crises and formulating treatment goals taxes to the utmost the skills, patience, and devotion of the caseworker.

What Treatment Includes

Treatment of the child needing protection is based on achieving as close an approximation to the community's ego ideal of the parent-child structure as is feasible. Its focus and aim have been more and more toward rehabilitating the home so that court procedures to remove children from their home make up a very small percentage of the case load.

The protection of the child includes working through the parent-child interaction, and developing a basic awareness of both the parents' and the child's needs. Sometimes when there is great pressure for action and a child is placed out of his home, one gets a sharp reminder of the need to work through as much as possible the underlying parent-child relationship. Some children who are placed in a setting where they receive good care, run back to their own parents even though they were abused and neglected in their own home. When such placement problems occur, it tends to identify the agency as opposed to the parents. Since the child, as all children do, introjects his parents with all their behavior patterns as part of himself, an

* Given at National Conference of Social Work, May 1956, St. Louis, Mo.

† Chief Psychiatrist, Judge Baker Guidance Center, Boston, Mass.

attack or criticism of the parent is felt as an attack on himself. It is very important then to identify the caseworker right from the beginning as the professional person who has come not only to prevent neglect and abuse but also as someone interested in the welfare of the whole family. If the caseworker's role is not defined in this way, there is a tendency to solidify the pathologic aspects of the parent-child interaction. This interferes with the ability of parent or child to deal with the basic emotional disturbances which are producing the symptomatology. The treatment of the child in his own home then involves the entire family in some way.

Some Representative Cases

For the purpose of discussion only, let us consider some cases which are divided into "neglect" and "abuse." Neglect represents those cases where the parent is unable to be a parent because he either withdraws physically by deserting the home, or he withdraws emotionally because of alcoholism, overt depression, and other types of emotional disturbance. Abuse cases represent those situations where the child is directly caught up in the parents' pathology. For instance, the child is beaten by the parent, perhaps for sado-masochistic gratification, or to deal with those unconscious conflicts he is hoping to control in this way. In actual practice both abuse and neglect patterns occur in all cases.

The backgrounds of these parents reveal that many had also been the victims of abuse, neglect, and various disrupted family experiences. For many, much of the disturbance with their children represents an attempt to deal with the severe pathology they had experienced. Identifying with the aggressor in the parent-child relationship and the repetition compulsion play a major part in the dynamics of these cases.

The actual casework technique—confronting the parents with the concept that such pathologic behavior as abuse and neglect of children creates a community reaction—has a dynamic significance of its own because a part of the parent is also identified with the child. Although almost all of the parents ex-

press a certain amount of resentment and hostility at the idea of being questioned and criticized, it is amazing to see how many of them indicate quite directly their relief and gratitude for the help given to them.

However, when one passes through the initial hostile phase and achieves an acceptance of the need for therapy from the client, it does not mean that all then goes along smoothly. There usually will be many regressions and resurgences of hostility, resentment and acting-out during the course of treatment. That the worker can deal with the client's hostility in a non-vindictive or punitive way and continues to offer his help represents one of the most important aspects of treatment. Part of the ambivalence about being involved in a therapeutic relationship is based on the lack of trust these people have, and the fear that they will again be hurt. But since these parents are acting-out the pathologic parent-child reactions they have experienced, it is understandable that they also want to have the traumatic relationship they are repeating with their child interrupted and replaced by a different kind of interaction. The resistance to change is related also to the whole problem of the basic depression which these people are handling in their pathological relationship with the child. This depression is based on the loss of a satisfactory parent-child experience in their lives. Perhaps to counterbalance the frustration the worker so often experiences in working with such severely disturbed clients, can be the gratification of seeing in concrete and direct ways the changes in the parent and his management of the home.

The most extreme example of the parents' cry for help was illustrated in the case where a phone call was received reporting on the maltreatment of a child. When the caseworker discussed the call with the mother, she revealed that she had called the agency herself because she was desperate about controlling her hostile outbursts toward the child, and because of her own unresolved needs. A review of the source of referrals of the cases seen at the Massachusetts Society for Prevention of Cruelty to Children, re-

vealed that the largest percentage of all referrals actually came from children's parents. Even the referrals from the spouse who was out of the home were assumed to be that parent's way of asking for help, and this parent also should be included in the treatment plan. In many instances part of his wish was to establish or rehabilitate an adequately functioning family unit.

The treatment which most of these people and their children require can only be accomplished by going out to them. Thus, utilization of the authority and superego force of the community is an essential part of the treatment. Bewildered by the disruptive forces which have swept over them, many of these parents need the protection and reality framework supplied by the caseworker's firm but clear and consistent stand, in order to begin to function in any reality sense.

Responds Favorably to Agency Support

The following case illustrates a family setting where, though severe pathology sometimes reached overtly psychotic proportions, there was a favorable response when the agency took a firm stand and reached out to the parent. Each time this was withdrawn, the mother again regressed into her severely disturbed behavior.

The family consisted of a mother, age forty, and her three children, Mary, age nineteen, Nora, age fifteen, and Olive, age seven. The husband died two years before the case was brought to consultation, and two older children, a twenty-one-year-old girl and a nineteen-year-old boy, had also died within the past six years.

The family had been referred to the agency three years ago because the mother had been drinking heavily for two years and the children were not going to school regularly. The father was no longer living with the mother. There was no legal divorce or separation. Aid to Dependent Children funds were being given the mother.

The probation officer who visited the home knew the family. Our caseworker also visited the home. Conditions at this time did not warrant a neglect complaint.

At a later date a neighbor informed the caseworker that the mother had been drinking heavily for two weeks—she had been drinking periodically for a long time and was in a very bad state. She was not eating, and the three girls had boys in the house at night when

the mother was out. Sometimes they went down to the cellar.

Later in the day the probation officer, accompanied by the caseworker, went to the home.

The mother was found getting out from under the bed. She was very sick, extremely dirty and disheveled. Her hands were trembling. The bedroom she occupied was filthy. There was no bedding on the bed and the mattress was soaking wet. Bottles were lying under the bed and there were rags about the room. A bad odor permeated the house. Unsuccessful efforts were made to have the mother go to the hospital for treatment. Conditions in the home improved somewhat when Mary left school to help care for the younger children.

The mother was arrested for drunkenness three months later. She was given a suspended sentence and six months' probation, during which she improved.

Six months later we received a new complaint that the mother was in terrible condition.

She was deteriorating and the children were not getting any care. Mary had to stay at home to watch her mother so she would not harm herself or the children. The mother refused to go to the hospital for psychiatric help. She soiled her bed and threw lighted cigarette butts at the wall. The home was in a filthy, indescribable condition. The complainant expressed the opinion that the mother was not only a menace to herself, but was apt to set the house on fire.

Our agency learned that nine years ago the mother had been a patient at the state hospital for six months. She had been drinking very heavily and tried to slash her wrists. At that time a diagnosis of manic depressive psychosis was made. It was felt that her drinking contributed to her mental condition.

The probation officer and our caseworker went to the home where Nora admitted them.

Mary and Olive were in bed. The children said their mother was out and they did not know when she left. The bedroom, in which Mary and Olive were sleeping, was cluttered. The mattress had a large hole in it. There was an empty quart beer bottle under the kitchen table. The mother returned while the probation officer and caseworker were present. There were smears of what appeared to be excrement on the backs of her legs. Her responses to questions were vague. The apartment consisted of a back bedroom, kitchen, front bedroom, and living room. The mother's bedroom, which was filthy, contained a cot. Excrement was smeared on the blankets and mattress, as well as on the floor. Under the bed were three empty quart beer bottles and an empty half pint whiskey bottle. The floor was littered with cigarette butts. There was a bad odor throughout the house.

One month later on the advice of the court psychiatrist, the court ordered the mother committed to the state hospital for observation. The children were placed with a maternal aunt, and the case continued. Later the mother was found guilty of neglect and placed on probation for one year. Olive and Nora were allowed to go home with her. Mary also returned home. The report from the state hospital stated that the mother was not insane and not committable. The mother was diagnosed as manic depressive psychosis, depressed type, her condition being considered the result of chronic excessive drinking.

The probation officer was to supervise the mother. While under this close supervision, the mother ceased drinking for almost an entire year. During that time, the home conditions improved and in general the condition of the children improved.

The case was reopened by the agency because of a complaint from the court that the mother was again drinking heavily.

She was seen pan-handling on the streets and in taverns. Home conditions and the children's school attendance were again very poor. The children lacked supervision. The caseworker started to work with the family and was able to help the mother discontinue drinking, improve physical conditions in the home, and supervise her children better. Since the caseworker's contact, the mother went on only one brief drinking spree. She was very accepting of the caseworker and looked forward to his visiting. She took more active interest in her apartment, illustrated by the purchasing of new furniture for the living room, painting and whitewashing the kitchen, putting curtains on the windows and giving the entire apartment a more consistent type of care. The mother was also taking a personal interest in her own appearance, having acquired a permanent, using cosmetics, and making plans to go to the local dental school to be fitted for false teeth.

Mary, recently married, was living in the apartment below her mother. Even though the mother always leaned rather heavily on Mary, the latter's marriage did not precipitate her into another drinking spree. Nora was attending high school and seemed to be taking a more active interest in school now that she had a more secure home life.

About the Casework Technique

This case demonstrates clearly how when a protective supervisory figure was in the pic-

ture, the mother was able to function in a more adequate way and give more to her children. Each time the case was closed or the protective work of either of the agencies was interrupted, the mother regressed to drinking again and neglecting her home and children. The basic depression underlying her disturbed behavior, as well as her potential for more adequate functioning, was also clearly demonstrated in this case.

In working with these parents the treatment technique consists of two major phases. The first is the supervisory protective role where the caseworker helps the parent experience some dependent gratification, and have a more adequate parent figure with whom he can identify. It is only when this has been accomplished for a sufficiently long time that the parent becomes ready for phase two. This is the more definitive working out of the underlying depression with the associated disturbances in object relationships, psychosexual problems, etc.

The definitive casework techniques include going into the home and reviewing in considerable detail the reality plans of the day such as: what time will they wake up? what will they and the children have for breakfast? what time do the children leave for school?

It is not possible to stress enough both the importance and dynamic significance of this approach. People who are severely depressed are not ready in the early stages of contact to deal with such questions as their relationship to their own parents, sibling rivalry, oedipus conflicts, etc.

This does not mean that the parents do not know the answers to the reality questions. They know intellectually what time to wake up. They are, however, emotionally unable to cope with the problem because of their own disturbance. The caseworker is supplying his ego and superego to the parent until the parent can incorporate the concept that someone cares, and then have the psychic strength to deal with the underlying depression.

Following this initial phase of relating to the basic reality problems, there is a long period of testing-out. Often the cases are terminated just before or during this phase.

If, however, the parents can be carried through this testing-out phase, then they will be ready for the more familiar techniques used in working out depressions. Such clients—with severe character disorders—are generally long-term cases with many set-backs and regressions.

Some therapists feel that talking about the budget or a trip to the dentist is not dynamic, is of a "lower professional status." I do not know if it is possible to emphasize enough that for orally-fixated, acting-out, depressed patients of the type described here, the therapy has to be geared through communication which is meaningful to the patient. Therefore, anyone who wishes to help the patient, whether his training be psychoanalysis, casework, psychology, or any other field, would have to relate to the patient in the way which enables a therapeutically meaningful type of communication to be established.

The concern about technique of therapy is analogous to the anxiety which some people felt about the modification in technique used in therapy with children. In working with some children, it became evident that play techniques were necessary as the media for communication. We now know that playing with toys does not in itself cure the child, but unless the therapist is willing to relate and work with the child in a way which has meaning to the child, he may not be able to reach him.

For other types of cases where the fixations are at anal sadistic or oedipal levels, the technique would be the more usual verbal discussion of the client's problems. Many such cases are seen in protective casework. The treatment process with this group is often much shorter. However, because of the particularly great problems encountered in initiating and maintaining therapy with the orally regressed client, this paper has concentrated on that group.

The Children's Problems

The children caught up in the types of problems we have been describing have a constellation of problems. As in the case illus-

tration, the oldest living daughter was placed in the maternal role to both mother and younger siblings. Her continued tie to this pathology was graphically illustrated by her living in the same home with her mother after marriage. This tie to the mother often reflects the phobic element related to the hostility toward the parent, as well as a need to continue the only kind of relationship they have known.

These children often are caught between the disturbed behavior of the parent, and the hostility of the community which finds them part of the undesirable, dirty element. This serves both to drive the children back into any fragment of relationship to the parent as well as stimulating counter-hostility toward the community. Many of them become delinquent. They have incorporated the ego ideals of disturbed parents, and their concepts of the role of the parent and relation to children contain these distortions. Many of these children are wise beyond their years as to survival techniques and so seem to have more ego strength than they really possess.

The ideal in treatment with these children would be rehabilitating the home. Even if the parent is grossly psychotic or has deserted and the child has to be placed, stabilizing the environment first is the primary goal.

During this time the caseworker can be of considerable help to the child by his attitude and the factual reality-oriented way with which he deals with the problems. One of the most difficult problems is that the child and his parents have to be confronted with the disturbance of the parents. It is not possible simply to place the responsibility on the parents. This is because the child knows he has incorporated some of the parents' attitudes and feels threatened himself. The child also feels depressed by the disturbance in his home. He may manifest his reaction to this disturbance by expressing denial, pseudo-maturity, and in other ways. However, it is particularly disconcerting to see a child who had handled severe problems such as alcoholic parents, gross open promiscuity, beating, hunger, fall apart when he is placed in a home where none of this gross pathology

as placed occurs. This disruptive behavior is also part of the hostility that comes out when the caseworker or a foster parent attempts to build up a relationship with the child. One can anticipate such hostile reaction and be psychologically prepared for it, in order to keep to a minimum any counter-hostility as well as to supply adequate controls.

The timing of the various phases of the treatment with the child will vary from case to case but in general they tend to follow more or less this pattern:

The first step is to manage the reality problems and achieve some environmental stability, preferably in the child's own home. Once this is accomplished, the child tends to regress and express direct hostility. This is analogous to the testing-out phase of the parent. Much skill is required in order to remain firm and consistent. Some of the excessive hostility of this stage can be slightly reduced by stressing activity programs before definitive treatment of the underlying depression is attempted. These can include trips to buy clothes, going to baseball games, etc.

Where this is available and when it is indicated, treatment directed at the underlying character disorder is the next step for the child. In some instances this can be started early in the relationship. Some children will have to be treated in a psychiatric environment. In other cases combined treatment by the caseworker and the psychiatrist is most effective. The purpose of this is to enable the two to deal with the reality control and fantasy control in two separate settings.

Generally speaking, the caseworker will have the task of working out all the phases of treatment including the intra-psychic conflicts of parents and children, reality problems of job, housing placement, community pressures.

In summary, then, protective service with the child in his own home clarifies the community ego ideal of the home and rehabilitates the parents and children to whatever extent possible. We have discussed the special techniques needed to reach these children and their parents in view of the particular ego and super-ego disturbances which they manifest.

DISCUSSION

*Olive L. Brumbaugh**

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WITH MUCH of what Dr. Kaufman has brought to you, I would agree wholeheartedly. Both of us are concerned with how to help parents who neglect their children. It is clear that a family unit is so constructed that to help children most effectively the parents must be helped. This is true whether the children are in their own homes or outside of them. Parents are very important people to children. No parent can satisfy his child's every need, but each community has determined what is minimum care for its children. If a child fails to receive this minimum, the community acts. If there is an agency offering protective services, the community acts through that agency.

What is minimum care? This differs with every community but the following are necessary to the healthy development of a child:

- 1) material things—food, clothing, and housing—for good health,
- 2) opportunity for an education,
- 3) religious training with its accompanying code of morals,
- 4) emotional satisfaction, a feeling of belonging, of someone caring. Included in this would be the necessity for limits. An example is a fourteen-year-old child who spoke of knowing her parents didn't care because she could do anything she wished.

Dr. Kaufman has mentioned that the protective caseworker must go out to the client. Our work is largely with parents, although our focus must be on the child. "Going out" to clients, I do not believe means necessarily going to their homes, at least at first. We need to find an approach which will bring the parent into the casework situation in a way which helps him begin to feel, just as early as possible, that this is *his* problem. None of us has found all of the answers, I am sure, but I would like to mention an approach with which I am familiar.

* *Discussant*—National Conference of Social Work, St. Louis, Mo., May 24, 1956.

Help to Parents Is Offered

Approximately fifteen years ago my agency began a practice of sending a letter to parents about whose care of children someone in the community had complained. This letter simply states that we have received a report about the care of their children and it is necessary for us to discuss this with them. An office appointment is offered. This immediately gives the parents some choice. They may meet the appointment, they may decide to leave it up to the agency to do something, they may call to try to settle this by telephone. Whatever is done, the parents are involved, perhaps not to the point of using help offered, but their response is part of their involvement. There could be a lengthy discussion about the pros and cons of this, but we believe aside from the choice given the parents, the privacy afforded in the office is good, and by his coming to the office, the parent may be indicating something positive in relation to his ability to use help. Our desire is to help the parents make whatever changes are needed so their children may have good care.

My experience is that those who have used the service were at first held by the authority of the agency—an authority delegated by the community, or through legislation—but their actual use of the service has been due to *their* desire for something different. If it is to be lasting, they have to want it and gain satisfaction out of having made the changes.

Naturally, should the client not respond to our offer of an office appointment, we go to the home and we try to do this by appointment. Should he not admit us or respond in a way that we can work together, he is informed by letter that we are going to see other people but we still give him a chance to make an appointment with us. Our responsibility to learn about the care of children reported as neglected is clear.

The approach is direct to the parents, rather than seeing others such as teachers, neighbors, or relatives first. However, from the time of the referral of the family, the agency is responsible for determining if and to what extent the children are suffering.

When we are unable to learn this through work with the parents, we may have to make an investigation and learn what others know about the care of these children. Again we try to see the parents after making an investigation, to discuss our findings. But if they are unwilling to see us they are informed by letter how we plan to proceed. This may be by court or, if the evidence of neglect is insufficient for court, we may feel it important that the parents know the findings which concern us. Again we offer an opportunity to discuss this.

In every case we go to the home at least once. This enables the caseworker to observe relationships, see the children, and see the home. This may show the family organization or lack of it. Since we serve an entire county, in our outlying area most of the work is done in homes.

We do go to the home without an appointment when children are in real danger. Recognizing that children may be in need of help at any time a caseworker is available, even when the office is closed, to meet such emergencies.

Resistance to help seems natural since none of us finds changing easy. In protective services, the parents are threatened because someone has found fault with their way of carrying parental responsibility. In our society a man's home is his castle, and the usual reaction is that no one has a right to question what goes on there. However, because a child is unable to defend himself or care for himself, someone needs to act in his behalf if parents fail to provide care which leads to a healthy development. Although the agency authority is real and obliges many parents to look at what is happening to their children and themselves, a responsible professional protective caseworker will use all present casework knowledge in helping. Respect for the person as shown by our approach to the client as well as throughout the contact, belief in a person's strength which may be used differently if he is helped to see all parts of his problem, confidence in a method (casework) in which opportunity is given the parent to try to learn what is

wrong, what needs to be different, and how he can begin making changes, are very important factors in protective work.

The elements in the complaint may be symptoms of the real problems. There is no question but what the firm, clear, and consistent stand taken by the caseworker, as Dr. Kaufman has mentioned, is essential in helping. Many of the parents with whom we work are so emotionally upset that they need this firmness, this clarity, and this consistency, in addition to the warmth and understanding of the caseworker, to enable them to begin to trust and eventually to begin to move toward change which is essential.

Taking Cases to Court

Our efforts should be directed toward helping parents make needed changes so children may remain in the home. However, all of us in this work realize some parents are unable to make the necessary changes, or they are unable to make them fast enough to make life safe for the children. A protective caseworker must be willing to take such situations to court where the facts are reviewed and a decision made as to whether the children should remain with the parents or should be removed. Communities differ in how this is dealt with but my own experience points to two ways of working with this. First, the court may hold the case and ask the Society for Prevention of Cruelty to Children to supervise. This puts the added authority of the court into the situation. The court experience may be most helpful to the parents in directing them to begin to look at their problems more realistically. The second way is the removal of custody of the children.

Where casework is used, this procedure includes the participation of the parents from the beginning contact through court adjudication. After the removal of custody, the agency by which the child is placed works with the parents on the problems which necessitated the court action. The focus is toward the return of the children to their parents. But before this can be, the problems need to be partially or wholly corrected. The use of court, therefore, should be viewed as

constructive—as a resource not a last resort. It protects the children from harmful conditions while the parents are working on and hopefully solving the problems which necessitated the removal of custody.

Why haven't parents sought help? Is it due to a weak ego, or self? This could be, but who knows until the parent or parents have an opportunity to discuss their problems, determine what they wish to be different and then move toward making necessary changes. In all of this is the parent's ability or willingness to trust the caseworker. If through word and deed the caseworker can help the parent comprehend that he wants to help, he cares, many parents begin to trust, rather than defensively fight. Dr. Kaufman's point is well-taken that some parents need first to feel accepted, their problems recognized, and genuine concern for them expressed before they can begin to trust.

In Conclusion

The child belongs in his own home. Help to him must indeed include help to parents. A parent approached by an involuntary agency often feels attacked and may become defensive and only want to fight. Our approach—including respect for him as a person, offer of help in learning what the trouble is and support through the determination of what he wants to do, and then in doing it with belief in his strength to change—is all important. Recognizing that some parents cannot change things, or this change cannot come about soon enough to prevent serious suffering of children, a Society for the Prevention of Cruelty to Children must be willing to ask the children's court to decide whether such children should remain in the home or not. In using children's court as a resource, not a last resort, the approach to the court must be on a casework basis with continued service available to the parents to work on the problems which brought the care of the children to such a critical state. Community action by agency and court may be a helpful dynamic to many such parents in working toward the return of their children. The greatest happiness for everyone in a family is the focus of every well-directed agency offering protective services.

EDITORIAL COMMENTS

The Board's Responsibility

As social services have become professionalized with growth of knowledge and development of skills, both professional social workers and lay boards have recognized the essential functions for which a board must be responsible. A social agency serves the community; its board members represent that community. The agency can offer only services which the community understands and supports. The board's responsibility includes establishing the basic policies of the agency and constantly re-examining and modifying those policies, interpreting the community to the agency as well as the agency to the community, and finally carrying the major responsibility for seeing that the agency is properly financed.

This standard of board function is neither new nor revolutionary. However, since not so long ago boards were not only representatives of the community but also managers of the agency, sometimes very independent of the overall community planning or any of the staff, it is perhaps not surprising that many still maintain practices which are unsound and which impede both the board's proper functioning and the agency's work. Some boards, for example, have retained responsibility for professional decisions such as the approval of adoptive parents or the selection of a particular child for a particular family. In some institutions, boards have retained responsibility for determining which children should be admitted and which are ready for discharge. Some boards have wanted to retain responsibility for determining how much each individual parent should pay for the support of his child. All of these decisions require professional knowledge and skill and should be arrived at with the clients. A board which continues to operate in this way deprives the agency's clients of sound casework help and depreciates the importance of the board's real functions.

Another impediment to the proper functioning of children's agencies has been in relation to the employment of personnel.

Whether it be a business corporation or a social agency, the board's responsibility is to employ a competent executive and to delegate to him responsibility for employing and maintaining a qualified staff. Some boards, however, continue to carry responsibility for the employment of other personnel—particularly fund raisers, accountants and public relations staff. In these instances, the board may have believed that, because it was responsible for public relations and financing, it was responsible for the administration of these functions, failing to see that this too is part of the responsibility of the executive. Some boards employ the physician or the psychiatrist and expect him to be responsible to them. Such a situation almost always results in divided executive authority, and results in poor morale and staff dissension.

Often the residue of direct management by the board is found in the financial area. The board may insist upon approving individual bills, or it may wish to purchase items such as clothing, office or institutional furnishings, or contract for repairs. While these may appear to be simple matters which the board member could carry and which do not require social work competence, such a view fails to take into account situations in which the decision, for example, about the purchase of clothing or cottage furnishings must be considered in the light of children's individual needs. It also invites delay and confusion and unnecessarily complicates administration.

Another not infrequent situation occurs when a building program is being started and the board or a committee takes responsibility for working directly with the architect instead of through the executive to the architect. Here again is a situation in which the layout of buildings must be determined by the nature of the children's problems and the professional program that must be provided to meet them.

It is not to be assumed that in all these instances the board itself is responsible for this confusion. Not infrequently the executive, feeling insecure in such matters, abdicates responsibility to the board, perhaps even encouraging it, rather than learning to

carry appropriately this part of his responsibility. Or, conversely, the board may recognize weaknesses in the executive and instead of facing up to whether or not an individual executive is competent to administer the agency, attempts to support him by taking on some of his functions itself. In either event, agency services are handicapped.

Every board has a vitally important function in determining policy and in understanding thoroughly the basis on which policy must rest. When it involves itself in administrative matters, the board loses its objectivity and almost always fails to discharge adequately its policy-making responsibilities. In the end the service suffers.

Therefore, it is of crucial importance that agencies review the respective responsibilities of board and administration and clearly define the functions of each. Years of experience have demonstrated amply that failure to do so injures the quality of service that is given to children. The League regards such clarification as an essential standard in measuring the quality of an agency's service. Because of this conviction, in evaluating an agency's eligibility for membership the League holds as one criterion whether the board is clear about its function, and does not carry responsibilities which should be delegated to the professional staff.

JOSEPH H. REID

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This is the second article discussing the training of houseparents, the first of which appeared in the January 1956 issue of CHILD WELFARE. The authors discuss the training program in Switzerland, a much more formal one than any we have yet developed in this country.

SEVERAL Swiss social workers who visited a number of American children's institutions came away with the feeling that the services here were "heavy with talent on top." One might find a director who was a graduate of a school of social work; a casework staff; psychiatric consultation; psychological services; and here and there, even a group worker. The Swiss workers were shocked to find, in contrast to the high quality of the specialized services, that the houseparent responsible for the child for twenty-four hours a day, and thus carrying great responsibility, might be completely without training and experience. As compared to this picture, typical of many institutions in the United States, the child care staff members in a number of European countries are given a careful course of training before taking over the care of a group of children. In Switzerland services to individuals in institutions—whether they be homes for the aged, for convalescents, for children whose parents are unable to care for them, or institutions for blind, deaf and retarded children—are part of the profession of social work. As such, it is work that requires training and preparation. However, there is not such a great gap in salary, training and professional prestige between the agency caseworker and the group leader in an institution in Switzerland or some of the other European countries, as there is in the United States. The term "group leader" or "residential worker" is used in Europe to describe the worker who in the United States might be called housemother, cottage parent or houseparent. Ever since 1930, the School of

Social Work in Zürich has offered a course for group leaders, called the B. course; the casework sequence is known as the A. course. Previous to 1948 the B. course was of one year's duration, but in 1948, as the recognition of its importance increased, it was expanded to two years.

Each year, between twenty and thirty students are graduated from the B. course. As this number of trained group leaders have gone forth from the School year after year, they have nourished the Swiss institutions with youth, a philosophy and conviction about institutional care, and a professional as well as practical approach to this most important work with children.

Who is Attracted to the Course?

From what walks of life do the young people, who are attracted to the B. course and who show an interest in, and an aptitude for institutional work, come? Usually they are above average students, the type of young men and women who had possibly also considered teaching or nursing as an alternate profession. Sometimes previous experience as a Scout leader or Sunday School teacher has aroused an interest in making a career of work with children.

To be accepted by the School, a student must be at least twenty years of age and have a secondary education. Before being admitted to the School, they are also required to have worked in an institution for three months as a sort of pre-field placement, to test their own interest and ability, and so that the School may have an idea as to the

aptitude and consistency of interest of the student for the work. While most of the students in the course are between twenty and twenty-five years of age, there is a scattering of others in their thirties.

Recruitment of New Students

The School has an on-going program of recruitment and interpretation designed to attract new students. Announcements appear regularly in the leading newspapers as well as in the smaller publications such as those put out by the churches or Scouts. Representatives of the School staff, together with a few members of the student body, or alumni, go to the Gymnasium or Mittelschulen to tell about the course for group leaders and the opportunities in institutional work. The vocational guidance workers in the middle schools are also acquainted with the course. The School must, of necessity, compete with the nursing and teaching professions which are experiencing shortages and are also doing a good deal of publicity and recruitment.

Americans have a defeatist attitude toward the preparation of young people for institutional work. One often hears the comment that it would never be possible to attract students to such a course, nor for a career in child care. It has not been easy in Switzerland, either, but it has been done in spite of competition for workers from other professions. It has been done because there has been carefully planned, persistent interpretation; the work has been developed to a place where it has status and recognition, and the institutions offer a salary scale approaching that paid to teachers and nurses.

Until 1948, the Zürich School accepted only women students for the B. course. Since 1948, men have constituted ten to fifteen percent of the total group. There are good opportunities for men who have completed the course to become directors of institutions, after some years as group leader. New students for admission are screened carefully. The fact that child care in the institutions is recognized as a real profession, and that upon completion of the B. course in an accredited

school of social work the graduate receives a respected certificate, helps attract people with sound personal qualifications and the necessary potentials to develop into good group leaders to the School.

Course Content

The B. course of the Zürich School is comprehensive, giving the student theoretical as well as practical preparation. The training offers the following scientific and methodological foundations:

1. *Knowledge of the Individual and Ways of Helping Him:* Under this section three semesters or sixty-four hours are offered in a course called *Psychology and Pedagogy*. This course is concerned with the normal intellectual and emotional development of the child, with special emphasis on important phases of growth, including such subjects as: the significance of the mother-child relationship as well as later relationships and their meaning for personality and growth; habit training; the importance of play; early sexuality. This is followed by material on the development of the personality, and the special problems and difficulties which are often more exaggerated in the case of children who have experienced the upset of separation and placement away from parents. Consideration is given to such symptoms as enuresis, hostility, undue aggression and flight into illness.

The teaching method used in the foregoing classes is mainly discussion. The students' own experiences are used, as well as notes made from their observations during field work practice. The emphasis is on making the student conscious of certain concepts and encouraging him to struggle with them in a lively, dynamic, thought-provoking class discussion.

Another course under Section I, *Psychopathologie*, is offered at the end of the second year. The instructor is a psychiatrist. Here the student is introduced to the meaning of neuroses and psychoses; the symptoms, causes and treatment of delinquency; a study of retarded and epileptic children and their treatment, as well as the "unity of body and psyche," health and disease, norms and devi-

ations. The student himself is made aware of, and helped to understand, the special psychological problems within institutional life itself.

In the first year, and still under Section I, comes a course on the *physical phases of child care* and *first aid*. There are two instructors, a pediatrician and a nurse. The physical development of the child is traced from the prenatal phases, through babyhood and childhood. Children's diseases are discussed, their symptomatology, etiology, treatment and prevention. First aid is a practical course, with demonstrations and practice in ways of helping children with nose bleed, insect bites, foreign bodies in ears, eyes, with bruises, cuts and burns. The student learns also how to tend the child who is sick in bed.

Closely related to the above is a course in *Physiology*, which is instructed by a physician with institutional experience, primarily interested in the social aspects of medicine, so that his material is closely related to the future work of the child care trainee. A good deal of stress is placed on mental hygiene and the prevention of physical and emotional upset. This course runs for fifty-six hours, giving the student basic knowledge of the structure of the human body; nutrition; functions of bones, muscles, skin and special organs; diseases and their treatment; hygiene. The method includes discussion, many questions, and exchange of experiences.

In order to further deepen the students' understanding of the individual and ways of helping him, there are three courses devoted to a survey of *methods of social work*, particularly of casework. Since there are no caseworkers within the institutions, it is considered important that the group leader have a knowledge of intake policies and procedures; the preparation of the group and the personnel for a new child; reactions of children to placement; work with parents; direct work with the child within the residential setting; the inter-relationships of residential care to the community outside; and finally recording, including diagnosis and evaluation. In connection with recording, it is not enough for a group leader to record accu-

ately what happened. He also has to try to evaluate these observations and to seek the answer as to why the child reacts as he does, what could be the meaning of it, what could be the reasons. This has to be taught and learned and practiced over and over again, in connection with the students' own records, as well as with records used for teaching. The group leader is also expected to evaluate, from time to time, the progress of the child and the help given him, as well as his own methods within the group and the limitations of the institution. As a professional worker, he acquires the competence to do some of this without relying completely on the specialists, the psychiatrist, psychologist and caseworker.

Residential care not only has a great deal to learn from casework in the conscious handling of the psychosocial problems of the child, but it also has something to contribute. The casework courses given in the B. groups also aim at a better understanding of the function and the work of the caseworker and at furthering the multi-disciplined approach, vital in any institution. The instructor of these courses has studied in a school of social work in the United States as a United Nations Fellow, and also teaches casework courses in connection with course A.

2. Helping the Individual Through the Group: In the American institution, one often finds a child being sent to the recreation leader for games and sports; to the handicraft teacher for arts and crafts; to a music teacher for lessons on an instrument or group singing for the Christmas play. The Swiss group leader learns how to plan and carry out many of these same activities as part of the living group and in the course of everyday life. The instructor of the courses related to groups has had wide experience in Scout work in Switzerland and, like her colleague, has studied in the United States with the help of a United Nations scholarship. The student studies *group work method* and has approximately 180 hours of *social group work technique*, with particular reference to group living in the institution. During the first year, he begins to learn to plan leisure-time activities. These courses in recreational activities

are planned for the first year, not only to give the student skills and methods for his field work and actual later job in an institution, but also to act as a balance for some of the more theoretical courses, such as those with psychological content which are often upsetting to the student, creating tension and anxiety.

As part of the subject of leisure-time activities, holidays and celebrations are considered. What is their significance in the institution? What possibilities do they offer? The various kinds of special occasions—Christmas, birthdays, potato harvests—and ways of celebrating them, are discussed. The student learns about the importance of program planning for adults and children. He considers the place and method of puppet shows (traditionally a real art of expression in Switzerland), shadow theater, the Christmas play, games, camping, arts and crafts. While the students come to the School with many of these skills and learn still others, they now discuss each activity in the light of its therapeutic and educational values. Time and thought are given to the materials needed, the actual technique and approximate cost, for example, of finger-painting, mask-making, the use of discarded materials, drawing, painting, linoleum and raffia work, creating puppets, shadow theater figures and Christmas and other holiday decorations. For some of these activities, the class divides into smaller groups, according to interest. One sub-group might work with wood, another with cardboard. Each sub-group makes a demonstration to the rest of the students, together with a scanning and discussion of the pertinent literature on the particular activity. Planning for vacations is given special attention. The students discuss camping, hiking, nature study. As a part of this program, groups of students go off on two-day camp trips, doing all of their own organization, cooking, getting provisions, pitching their tents and setting up camp generally.

3. Knowledge of Society and the Social Environment: In relation to this third section of the curriculum, there is, first, the study of legal problems as they concern social welfare,

such as parental rights, the granting of custody, special legislation concerning juvenile delinquency, and public financial aid. Related to this is a course in civics, taught cooperatively by an attorney and a social worker, both of whom have been leaders in social work and child welfare. It is geared mainly to social work with special reference to institutional practice.

A social welfare course gives an overall view and general picture of social work problems and services in Switzerland. Child welfare practices are examined which are related to institutional care, such as parent education, day nursery and kindergarten care, vacation possibilities for school children, psychiatric resources. The general problems concerning children from broken homes and care other than institutional care, are discussed: foster homes, adoption, the unmarried mother and her child, services to families, housing, vocational guidance, alcoholism, and the welfare of handicapped persons. The teacher of this course is the Director of the School, who has had a wide experience in child welfare.

4. Specialized Practice in the Institution: Approximately fifty hours are given to this subject, including visits to various kinds of institutions. The students discuss in small groups some of the general trends in this kind of care, and problems of management and administration. These include housekeeping, the use of the dormitory, meals, home furnishings, laundry and laundry equipment, contacts of the institution with the outside world, visits of relatives, staff problems. Also considered are such subjects as the advisability of having school within the institution or in the community; the work and play of the children; possessions and privacy. When the students make carefully planned visits to institutions, they note some of the above areas of care, and their observations and reactions are later discussed with the instructors.

An elective course, dealing with *religious education* is described as follows:

"The teaching is geared to a lively investigation of questions of creed, and a clarification of the special responsibilities of the child care worker in this area."

Religion is discussed in relation to psychology, psychoanalysis, psychotherapy. Consideration is given to the place of prayer, meditation, the telling of biblical stories in the institution.

5. *The Integration of Theory and Practice:* This process begins, first, with *visits to institutions*. Approximately nine or ten such visits are made during the course. They are planned on the basis of the theoretical work being given at the time, in order to relate the visits to subject matter. Second, a series of special discussion hours is held, when students who are in field work (block plan) come to the School one afternoon a week and express their questions, their doubts, their fresh new experiences. The School feels that it is wise for the student to have regular opportunities to air whatever concerns he may have about those phases of institutional practice which may bother him in his own placement or in general. It is helpful that he can bring out his feelings of criticism or concern in the objective understanding atmosphere of the school classroom, where the staff members see the problems and possible conflict, not only from the standpoint of the student, but from that of the institution as well. Here also, there is a sharing of thinking between faculty and students concerning the B. course curriculum and ways that it might be more helpful. The students also bring out their difficulties arising from attempts to put new theoretical learning into practical use in their field placements, as well as the ways in which they were helped in their practice.

One student told of her growing understanding of children like Rolfi, age four, who brought an old diaper with him to a home, which he used as a comfort in all new experiences. He took it with him to bed, holding it in his arms. Referring to the film of Bowlby, "A Two Year Old Goes to the Hospital," the student was able to accept what this old cloth from home meant to the child and allowed him to use it in spite of the fact that it might be considered unhygienic (and this is going a long way in the sparkling clean Swiss institutions!).

Another student explained how she now saw as symptoms, behavior of which she previously might not have been so tolerant.

Hannelore, age fifteen, was born in Germany during the war, never knew her parents, moved from one foster

home to another and had difficulty in making relationships. In the institution, she felt at home but still showed many signs of her deprived childhood, one of which was thumb-sucking. "Now I understand it, and accept it," said the student.

a) *Breaks in Field Work:* A student's first field placement in an institution is one of six months' length. After the first of these six months, and again after the fourth, field work is interrupted for a period of from eight to ten days during which time all of the students, together with several members of the School staff, live and work together. Here is a description of one of these "breaks."

The locale, Mattli, was the kind of place which is precious to the hearts of the Swiss, a youth hostel, up in the mountains, perfect for sun, skiing, hiking, with breathtaking views all about and clear crisp invigorating air. The Swiss chalet style hostel was artistic, comfortable, warm, (a big green Nuereburg stove in the living room). There were single sleeping rooms, each with its own balcony. The timing for this break in field work was good. The student, having left his familiar classroom and gone alone, perhaps to another city or village, might after his first month in the institution and again about the fourth, be feeling lonely, shut in, serious, weighed down with new responsibilities, and in some cases, anxious and troubled. At Mattli, he dropped his cares for a week, and as one of a group of young people, raced down ski slopes together, laughing, playing, having a good time. The very setting gave him an "Erholung" (restoration in body and spirit).

However, this was a week for work as well as play. But the work, while related to the course, was of a different kind and tempo than that from which the student had just come. There were regularly planned individual conferences between students and teachers, regarding the students' work and their adjustment in field practice, as well as group discussions. In addition, for the particular week described, an art teacher had been employed by the School. This particular teacher was regularly on the staff of a private boys' school, from which he was having spring holiday. At Mattli, he had daily classes in arts and crafts work, for the students' own pleasure and expression, and also so that they might add to their skills for later use with children or adults with whom they would work. They had the actual experience of fingerpainting and making papier-mache masks as well as other craft activities. How to use these media, how children made use of them, what they meant to children, their possible reactions—all of this would be discussed in group sessions.

Some time was spent, as is always the case when a group of Swiss people get together in this kind of a setting, in singing for the pure pleasure of it, sometimes accompanied by the flute which so many of the young people are able to play. There were folk dancing and some special evening plans, such as a costume party, and a treasure hunt.

Another value in a week such as the one at Mattli, is that it gives the class a sense of "groupiness," and makes for a closer relationship between members of the faculty and the students.

b) *Written Assignments and the Thesis:* Throughout the course, written assignments are required of the student. One of the several values of these papers is the use made of them as another means of integrating theory and practice. The student begins immediately, during his first period of practice, to make notes of his observations of one or more individual children. This material is discussed later by the instructor in *Psychology and Paedagogics*. It may also be used in connection with casework and recording. During the first and second field placements, the student is required to keep a group record concerning his own work with, and observations of, the group with which he assists as student group leader in the institution. These latter reports are then discussed in the group work courses. The emphasis is on both content and recording methods.

After the student becomes a regularly employed group leader, he may be expected to keep an ongoing record of his work with the group or individual child. Excerpts from such a record have been used both in Switzerland and with groups in the United States for study, and are presented here. The house-mother made weekly summarized entries, showing her own purposeful planning, observations, and understanding of the symptoms of emotional upset of this child.

I intend to speak as little as possible about the bedwetting with her and believe it is possible that in time she will get over it. . . . She has no interest, no endurance. She never touches her flute. She also feels unable to be drawn to any one person, seemingly belongs to no one. . . . If we are successful to give Rosa a bit of a feeling of home, it is probable that the present difficulties will be minimal or disappear. . . . Rosa brought home a very poor report card; I saw that she was hiding it in her school bag. . . . We discussed the various marks and the possibility of improving them. I comforted her saying that I would work harder with her so that the next report card would be better. Then I put it in a clean envelope. . . . Occasionally Rosa still has a wet bed but never twice in one week. Since she is always quiet and discouraged about this I suggested to her that I would waken her at 10:00 whenever it might

have been an evening meal which could have influenced the bedwetting. Rosa accepted my suggestion gratefully. I do not believe that waking will make much difference, but I wanted to show her that one wished to help her. . . . She spent from 2 to 4 at the blackboard and drew a lovely picture with many trees, lawn space and playing children. While she was doing this, she talked to herself constantly about what had to be added to the picture. We all enjoyed her work and I suggested that she should leave it there so that the superintendent also could enjoy it. This recognition was very meaningful to her. . . . (And after a setback) . . . I tell myself that Rosa has lived for eight years with disorder and that things cannot be changed readily. . . . I helped her to make a frame for weaving out of an old crate. She was very happy about it and would like to weave day and night. . . . She is able to work out her feelings getting much exercise with skating and sleigh riding and when she returns to the house she is far more quiet. . . . In the big room of this group a chest is being built. The group leader is responsible for the decoration, with the help of the children. . . . One time Rosa said, "It is delightful to paint over the wood, and this rosy color makes me very happy." . . . And after a year: Rosa with a beaming face, brought home a good report card. For three months also she has not had a wet bed. Today she was with me alone for two hours and played with the bench in the corner in which there are wooden animals, houses and small dolls. First she built a village and had a whole circus march through it while the music was playing and it gave a performance. As she was doing this Rosa talked incessantly. The little ones are always delighted when Rosa portrays such things. It seems that every piece assumes life in her hands. . . . Happily Rosa has a teacher who notices how much or how little effort she applies and gives her recognition accordingly. Rosa again and again needs this recognition. It is too bad that Rosa always comes home on Sundays looking very neglected, dirty (after spending the day with her mother). Her sweater must be washed each Monday. Throughout the week she does not get as dirty as she does these eight hours away. (Do I require too much from Rosa? Too much cleanliness?)

Other required papers may include reports in connection with reading material, or about the field work experience as such, or perhaps on a special subject such as the legal aspects of the case of a child sent to an institution by a court, where guardianship is involved. Five weeks are reserved at the end of the course for time to prepare a thesis. The subject matter of the thesis is usually on some practical aspect of institutional practice. In writing it, the student draws on his own experience and observations, his talks with the director or some other staff members of institutions, and from his reading.

6. *The Personal and Professional Development of the Student*: Included in this section are several courses which have as their goal, the widening of the horizon, the artistic development and the professional and ethical growth of the future group leader. These courses include: *Social Work Literature*, given in the third quarter to acquaint the student with the most important of the professional periodicals, through presentations and discussions.¹

A total of thirty-six hours is given to the interesting subject of *Children's Literature*. The student learns about the lives and works of writers of children's books. Illustrated copies of fairy tales, sagas, legends and fables are reviewed and the students are helped to develop skill in reading to children and in story telling. An hour weekly is given to singing and choir practice. In the first year, there is a course in rhythm, games and folk dancing. Clay modeling and whittling may be elected. And finally, there is a course in *Ethical Problems of the Social Work Profession*, with special emphasis on the child care worker in the institution. This serves to build up professional self-esteem and a sense that this is a recognized profession.

The B. course is divided between class and field work, as follows:

First year, eleven months:

three months, theory; six months, field work in an institution, interrupted two times by period such as the one spent at "Mattli" described earlier; two months, theory.

Second year, eight and one-half months:

four months in two field placements, one in an institution and one in a child welfare agency; four and one-half months of theory, including thesis.

The School is of the opinion that the placements which are of two months' duration are too short, and that a total of two three months should be the plan allowing an extra month for theory.

In the institution, the student assists one or more of the regular group leaders. Gradually, he takes over more responsibility as relief worker. Later he may be in complete

¹ Publications from England, Germany, France, America, as well as those of Switzerland, are considered.

charge of the group with which he was helping, during the group leader's vacation. The School sees supervision of the students within the institutions as one of the problems. This usually falls to the director or the group leader under whom the student works. Because the director already has many other demands on his time, as a rule the student does not get enough help. Supervision needs to be strengthened.

The directors of the twenty-five to thirty institutions all over Switzerland, which offer field placements, come to the School once or twice a year for discussions with the School staff on matters concerning field work and practice in general. Many more institutions want students than are available. Institutions are eager to take students, not only for the extra help that they give, but also because this relationship with the School, and the prestige it carries, mean that there is a greater possibility that the institution can attract its graduates as regular workers. When considering an institution for student placement, the School seeks the following values: a good experience; a director who is an alumnus of the School; an institution interested in training and ready to collaborate with the School in which students have been successfully placed over a long period, and one whose group leaders are former graduates.

There is always a temptation to make comparisons. Which is the better, the American institution offering casework, psychiatry, psychology, and group work on top of a substandard quality of houseparent care, or the Swiss institution, where the daily life of the child is in the hands of a capable well-trained, well-qualified group leader, but where the important contribution of casework is missing? But are these the necessary alternatives? An institution needs both the skilled specialized services and the well-qualified child care staff members. It needs services strong not only on top, or at the level of the day-by-day physical care of the child, but strong all the way through. It is hoped that the Swiss plans for more casework services in their institutions, and the American need for the development of real training courses for houseparents will soon be realized. In the meantime, we have much to learn from each other.

A TROUBLED BOY AND THE FOREST

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The author tells how the first forestry camp established for boys, committed to training schools in Maryland, developed into an integral part of the Department of Welfare's program for troubled boys.

THE Maryland Welfare Department's camp program¹ was introduced as the result of the recommendations of the Commission on training schools and institutional treatment of children. These recommendations were based on such findings as:

the population of training schools was heterogeneous—some children were committed indefinitely and others temporarily; the children ranged in intelligence from low feeble-mindedness to brilliance, in mental health from well-adjusted to near psychotic, in personality from innocence to chronic hyper-aggressiveness and character disorders, and in age from eight to nineteen. The Commission concluded that, with such a gamut of troubled children, Maryland's efforts through its training schools to re-educate children and return them to the community were meeting with only partial success.

It recommended that the State employ a greater variety of treatment facilities needed by delinquent children, and specifically that the system include other supplementary training facilities such as forestry camps for boys aged sixteen and over. Because of the value done in conserving the State's natural resources these camps were seen, to a considerable extent, as paying their own way while at the same time steering many active youths back to good citizenship.

Planning for First Camp

Although no forestry camp for boys under eighteen years of age had been established by

¹ In February 1953 the Commission on Administrative Organization of the State reported to Governor Theodore R. McKeldin and to the General Assembly of Maryland on the Administration of Delinquency Control. The Commission study disclosed strengths as well as weaknesses in the Maryland program of services for delinquent children and youthful offenders and recommended changes to bring about a more effective, more economical and more "humane" system for the care and treatment of children adjudged delinquent by the courts of the State and removed by the courts from the community. A considerable portion of its report dealt with the four Maryland training schools.

a State welfare department in the East, the Maryland State Department of Public Welfare decided to go ahead because of the success of camp programs in Virginia, California and Oregon and the success of some of the open British Borstals. That a number of large CCC camps built in Maryland before World War II were available proved helpful, as did the fact that the State possesses thousands of acres of valuable forest land which must be conserved and improved.

The objectives of the first camp were to guide young offenders back to good citizenship through active outdoor work, recreational and educational activities, and to develop in boys wholesome attitudes towards work and authority as well as good work habits. This was to be done in a small group setting where a boy would have a great deal of freedom and greater opportunity to form meaningful close personal relationships with exemplary Welfare and Forestry staff members.

The key State agency with whom the Department of Welfare planned was the Department of Forestry after the latter accepted the project as an interdepartmental one. Both Departments agreed from the beginning that the success of the venture depended on the closest cooperation and understanding. In order that staffing patterns and lines of authority could be established, the administrative structures of the two departments needed to be clearly understood. The Directors of the Forestry and Welfare Departments, members of the Board of Welfare and other staff members paid a visit to the Natural Bridge Forestry Camp for Boys operated in Virginia by the Federal Government. Various State and local agencies were approached and their cooperation secured. Court and probation officials were consulted

and many invaluable suggestions received from them as well as hearty endorsement for the camp idea. The State Department of Education was particularly interested in and supported the project because of the implications for outdoor education programs for schools.²

Supported by the State Board of Public Welfare and with the approval of the State Planning Commission, the Directors of the Budget and Public Improvements and the Governor, a 1956 fiscal capital appropriation recommendation of \$20,000 for the program was made to the 1955 Maryland General Assembly.

Contributions of Forestry and Welfare

During this period Welfare and Forestry officials also negotiated a working agreement which set forth the respective responsibilities of the two State departments. Welfare took responsibility for staffing the camp proper; feeding, clothing, and sheltering the boys; providing medical and casework services; and meeting the physical, psychological, recreational, and religious needs of the boys. Forestry agreed to provide a site location for the camp; technical advice on camp maintenance and development; supervision for boy details thirty-five hours per week; and instruction in fire fighting and tool handling. Forestry also agreed to pay each boy \$.50 a day while employed on a Forestry work project; to program varied forestry projects; to transport boys to and from the camp to the work projects; and to supply heavier equipment and some materials. The Green Ridge Forest Superintendent reported directly to the District Superintendent. Forest foremen, employed to supervise the boys on forestry details, have proven to be quite effective, and have submitted reports on the behavior of boys which were extremely useful in case planning. Great care was exercised from the beginning to protect the youngsters from heavy manual labor of the prison camp

² A governmental agency can move quickly and successfully to establish or improve child welfare services if careful planning takes place, the particular project is spelled out for both lay and professional groups, and the timing is correctly gauged.

variety. Consideration was given to selecting projects consistent with the child labor statutes of Maryland and with the physical development of the boys. Great emphasis has been placed upon fire suppression and tool handling safety procedures.

During the preliminary phase, the Forestry Department searched for site locations in Maryland which lent themselves to a forestry camp program.

The factors which determined the choice of location of the first camp included the kind and quantity of forestry work projects; the setting, the kind, number and condition of buildings; utilities; the surrounding community; and the availability of supporting resources and services essential to program development. It was finally decided to convert a former CCC camp in the Green Ridge Forest near Flintstone, Maryland, and Forestry turned over to Welfare the use of seven buildings that were still reclaimable.

The Maryland State Department of Public Improvements conducted a special engineering survey of the site and the buildings, out of which came the recommendation to the 1955 General Assembly for a capital appropriation of \$20,000 for renovation and repairs. Winterizing and repairing the buildings and improving the camp site presented a particularly formidable assignment.³ There was some skepticism as to whether the appropriation would be adequate and even as to whether the buildings could be reclaimed at all. It was precisely this element, however, which later furnished the challenge to both boys and staff as they saw the camp for the first time and set about the job of restoration.

Some Considerations of Cost

Accompanying the request for capital funds, the Welfare Department secured the approval of the Budget Director and the Governor to submit to the General Assembly a rather modest request for operational funds in the amount of \$27,738. This budget was premised on a daily average population at the camp during fiscal 1956 of twenty-five

³ Heating, and electrical facilities were inadequate. Roofs on all buildings had to be replaced. Repairs had to be made to the water and sewage disposal systems and the grounds had to be cleared of considerable underbrush, debris, and not a few snakes.

boys, a staff of six people, and an annual per bed cost of \$1,111. Since this amount was less than the \$2,400 average per bed being spent in the State training schools, considerable interest was aroused prior to and during the 1955 session of the Legislature in the cheaper costs of camp operation. Experience in other States has shown that the costs of operating forestry camps are appreciably lower than those for training schools. With the mounting costs of care, there has been understandable legislative, departmental and taxpayer concern. Not only have operational costs been considered high for training schools, but capital costs have been heavy. Single cottages for twenty-five children have cost the taxpayers as much as \$200,000 and the supporting facilities such as central kitchens, laundries, chapels, gymnasias, hospitals and school buildings have resulted in recent per bed costs of construction of \$15,000. With a moral and legal obligation to the taxpayers, it seemed obvious and justifiable to the Department of Welfare to explore ways and means of reducing operational and capital costs if at the same time treatment of children could be made more effective. The forestry camp not only seemed to be a much more economical facility, but in terms of the conservation of natural resources the ultimate returns to the State may be incalculable. One successful fire-fighting effort by the youngsters may mean a future saving to the State of millions of dollars.

Camp Established by Law

As the planning progressed, a more immediate and pressing problem arose which gave further impetus to the development of the forestry camp program. In the spring of 1954 the two training schools for boys became overcrowded to a point where intolerable strains were placed upon staffs and physical plants. At one time over 700 boys were under care and almost half were aged sixteen and over. It would have taken at least two years to build additional cottages to house boys at the training schools whereas the camp could be occupied immediately. The Department felt that it would be unwise to expand the

boys' training schools to meet problems of overcrowding and increased admissions, because of the financial and treatment implications.

Along with the legislation to authorize capital and operational funds, the Department prepared legislation on the administration of the camp to be presented to the 1955 General Assembly. Since selection of boys for the camps was of prime importance, it was requested that the Welfare Department determine which boys, from either of the two State training schools, would benefit from the camp program. This represented quite a departure from the traditional practice in Maryland, where the courts commit directly to specific juvenile institutions. Because of the experimental nature of the project, it was considered imperative to control admissions to the camps and to screen youngsters carefully prior to selection for transfer. This legislative program, embodied in House Bill 435, was subsequently enacted by the 1955 General Assembly which also approved without a single change the requests for capital and operational funds. About a month later, the first group of six boys was transferred from the two boys' schools to the Green Ridge Forestry Camp.⁴ Prior to the actual opening of the camp, considerable work had been done with the managements of the two boys' schools in formulating transfer policies. The Department had also been searching for the right Camp Director. Not only were emotional stability and maturity required but genuine physical and moral courage, a dedication to boys, enthusiasm for outdoor living, and skill in planning and working with Forestry personnel assigned to the Green Ridge Forest. Since the camp was integrated, it was essential that the Camp Director be capable of dealing with mixed groups and of interpreting the camp program to the nearest communities. The Department appointed a man who had had many years of varied and progressive experience in group living programs for troubled older boys, as well as

⁴ Special fiscal authorization was secured to permit opening the camp before the start of the 1956 fiscal year of July 1, 1955.

excellent physical and character requisites. This man, with his wife, accepting the challenge of Green Ridge, readied quarters for the first boys. While additional staff was recruited and repairs made to their cabin, the couple lived in one of the old CCC buildings with the boys.

The Camp's Initial Program

The initial phase of the camp program was necessarily focused on repairs and renovations of the old buildings and improvements of the grounds. The working agreement between Forestry and Welfare stipulated that boy details would be made available by the Camp Director to the Forest Superintendent five days a week, thirty-five hours per week. The effective date of this agreement, however, was re-adjusted several times, as it became evident that the renovation of the camp buildings and grounds would take considerably longer than first estimated. By July 1955 additional boys were transferred from the two boys' schools to the camp, and at one time in August the population rose to thirty-one boys.

Certain group work methods and techniques lent themselves to the camp project and were applied from the very beginning. Morale during the first seven months was quite high. The most notable development had to do with the coordinated boy-staff attack on the task of restoration.

It had been anticipated that because of the absence of security devices such as detention screens, locked doors and isolation rooms, more boys would run away from the camp than from the training schools. Despite many physical discomforts in the beginning months, the camp did not report a runaway until December, 1955. A few youngsters who were given permission to visit their homes preliminary to release failed to return voluntarily. Boy participation in planning was not only encouraged but required. One project that captured the interest of the boys was the manufacture and laying of cement cinder blocks. The blocks were produced by the youngsters at low cost and at this writing all of the large buildings which at one time were supported by log posts have been underpinned and supported with these blocks, some carrying the initials—artist style—of the boy builders. The cement block project not only improved the buildings but also provided necessary insulation for all of these structures preliminary to the installation of an oil burner heating system.

Boys competed against each other in producing these blocks and organized themselves into production crews. Some people were considerably surprised by the fact that these older boys, some of whom had serious behavior records in the community, could not only be trusted to carry through a work project but could do so without adult supervision and without locked doors and barred windows. Other work projects which occupied the youngsters and aroused their interest in direct proportion to their aptitudes included painting, floor laying, site improvements, brush-clearing, food service and laundry. Staff members and boys attended religious services on Sunday morning at churches in nearby towns.

The recreational program was oriented primarily to outdoor activity such as competitive games and sports, hikes, archery and swimming. During the winter months outdoor recreation continued with touch football and basketball, weather permitting. The greater portion of time was spent indoors with the boys participating in such activities as recreational and educational films, TV, arts and crafts, music, reading, billiards, pingpong and table games.

Despite a few heavy snows and intense cold, the boys were outdoors every day engaged in a work or recreational activity. During the deer-hunting season they took part in a few supervised hunting expeditions and learned that venison when prepared properly made an excellent meal. Perhaps the most exciting experience for the boys in the camp's first year of operation came on a particularly frigid December night when volunteers were asked by the Forest Superintendent to fight a fire which broke out on one of the mountains. Every boy in camp volunteered. On the fire line until dawn, they brought the fire under control and suppressed it. The psychological effect upon the youngsters was pronounced. Not only was the experience exciting and tinged with some danger, but for almost every boy it was certainly novel to be fighting for society than against it. Being accepted by the Foresters in this undertaking also meant a great deal to boys, who were at an adolescent stage where considerable value was placed on a strong masculine identification.

Change in Routine and Transfer Policy

The reconstruction of the buildings and the improvement of the grounds being virtually completed, boys are being used more

intensively by Foresters on projects such as tree felling, pulpwood collection, improving timber stands, flood control, tree planting, minor road repairs and building construction. They leave the camp by truck early in the mornings with the Forest Foreman and return later in the afternoons. Forestry and Welfare staff members meet regularly and attempt to plan varied projects and to work individually with the boys. Boys are permitted to carry cigarettes and to smoke at will. Incidental luxuries such as candies and soft drinks are available for purchase at a nearby mountain gas station. Boys are also permitted to carry the money which they earn from Forestry. A camp bank has been set up for those who desire to deposit their earnings.

The original concept of the Forestry Camp—an open, less-regimented type program than the two training schools—was that it could serve to bridge the return to normal community living for certain older boys who were approaching the end of their institutional training. The transfer policy established by the Welfare Department stipulated that the boys be in good physical health and that no known arsonist or sex deviate be recommended. A Welfare Department representative arranged for the transportation of boys recommended for transfer.

Since the opening of Green Ridge, it was recognized that some boys, who could not or would not profit from an experience in a training school, should be transferred sooner. Other youngsters who had failed to adjust to the more formal, regimented, institutional program could benefit from the camp experience. These two additional categories of youngsters who are not yet ready for community placement are provided for in the revised transfer policy, which stipulates that any boy can be transferred to the camp after he has had a complete diagnostic review at either of the two boys' schools. Therefore, the length of stay in the camp has increased appreciably during the recent months. The Forestry Department has observed that the boys in camp for a longer period of time develop self-assurance and derive greater

personal satisfaction from their work. The new agreement between Forestry and Welfare provides for this, but the primary focus of the camp remains on individualized treatment and return to community when ready rather than on the work program.

Therapy Planning Revised

With the change in transfer policy some of the planning has been revised. The majority of boys admitted to the training schools suffer from problems of personality and character distortion and of non-existent or deviant value orientations. The traditional view that the cure or treatment for children in institutions depends upon training them in vocational pursuits has given way to the mental hygiene concept of causation and treatment. Accordingly, the individual child is re-educated for return to community living not by making a plasterer or a farmer out of him, but by helping him to assume responsibility for behaving in the free community in accordance with the prevailing mores and the laws of society. This means the youngster must gain insight into his problems, must be helped to face and understand these problems if he can, and eventually to resolve them. The total camp philosophy is aimed at simplicity, and for this reason the number of boys admitted has been controlled. The plan is for no camp to grow larger than twenty-five or thirty boys, which will mean a concentration of boy-man relationships. It also means casework service and casework-group work methodology within and without the camp proper. The most important single training or re-educative aspect of the camp curriculum is in the individual and group counseling carried on as an integral part of the program.

From the beginning members of the Welfare Department staff took responsibility for providing casework services to the camp. Funds have been budgeted for a camp caseworker and while efforts are being made to fill this position, a defined casework counseling program has been organized. In recent months this has been enriched considerably by the contribution of psychiatric, medical

and nursing personnel by local and State health services on a modest but real basis. The treatment goal for each youngster is prescribed by the caseworker in concert with other staff members. The caseworker guides the various emotional and environmental processes after the case study and diagnostic reviews have been completed. Since the change in transfer policy, it has become even more evident that the effectiveness of this and other camps as a rehabilitative resource for older adolescent boys will depend in great measure on dynamic casework practice. Because of its belief in this, the Department has recently added to its staff a man with a rich background in professional casework and institutional administration to serve as Field Supervisor. He in turn will report to the Chief of the Division of Training Schools.

Growth of Camp Program

Under the law there is no limit to the number of camps that Maryland could set up for boys.⁵ There are, however, factors which will determine the scope and character of the program in years to come.

Most younger or smaller boys requiring all-day school are not suited to camp. Consideration, however, is now being given to the desirability of establishing camps with a different emphasis than the camps presently or soon-to-be operating. Boys under the compulsory school age are cared for in camp programs in some states, and thought to such a camp is being given in terms of the future. Again it is true that at any given time there will be only a certain percentage of boys in the training schools who can use and respond to an open outdoor re-educative program. It is obvious that the more emotionally maladjusted youngster who needs secure facilities and more professional services can receive this care better in the training schools devised specifically for these purposes. The training school also offers greater opportunity to boys who show aptitude for trade training, requiring shop equipment, or those

capable of accepting and profiting from a full academic program. For these reasons the camps are seen as supplementing rather than complementing or replacing the training schools. A clear understanding of the proper relationship of the camps to the training schools for boys is extremely important in developing the State's facilities for delinquent children who need institutional care. A good camp facility should make the training school more effective.

Conclusion

After a year and a half, the major task of reconstruction has been virtually completed. The boys, under staff guidance and in cooperation with staff, have achieved a remarkable success. Visitors to the camp have been impressed with the quantity and quality of the work performed by the youngsters.

Floors have been laid in all buildings, roads have been repaired, fences built, walks installed, buildings have been winterized with insulated siding, cement block foundations and storm windows. The water and electrical systems have been completely renovated and the roofs of all buildings have been repaired or replaced. The athletic field has been reclaimed and an outdoor basketball court has been built.

To say that many of the youngsters have taken just pride in their accomplishments is to understate the case. From the standpoint of challenge to a group of physically active boys, it is regrettable that the restoration of the buildings and grounds with rather limited funds but unlimited staff enthusiasm and boy participation, has come to an end. In the future, the attention of the youngsters will be directed toward various forestry projects that extend the same challenge, with life in the woods offering perhaps more adventure than did the task of restoring the old site and buildings. Boys are working on a regular basis with Forestry foremen at this writing and seem eager to be in the forests alongside these men. As part of their training, boys are given intensified instruction which stresses fire fighting, tool handling and safety procedures. Staff training meetings are being held both with Welfare and Forestry employees, and more effort is being made to develop recreational and educational programs even further.

⁵ The 1956 General Assembly of Maryland, when asked for funds for one additional camp, Forestry Camp No. 1, appropriated instead capital funds in the amount of \$100,000 for two camps, and budgets for both Green Ridge and Forestry Camp No. 2 which the Department hopes to have in operation by the spring of 1957. The three camps for which funds are available will all be located in the Western Maryland forests.

It has been said that the test of any facility for the rehabilitation of delinquent children is whether the children released from that facility live in conformity with the law. For the present we can say that the majority of boys released have completed their period of after care supervision and have made promising community adjustments. Some have returned to school, others have taken jobs, while a number have gone into military service. It has been necessary to return a few boys to the training schools

when it was seen that they could not benefit from the camp program. A small number of boys have failed to make satisfactory community adjustments and were involved in serious delinquent behavior resulting in re-conviction and commitment to State penal institutions. However because of the recency of this program, its re-educative effectiveness is still to be tested. Final evaluation must await study of the young men who have been returned to and lived in the community.

READERS' FORUM

Extra-Mural Therapy for Placed Children

Dear Editor:

What is the best procedure when a child guidance clinic is giving therapy to a child in a boarding home? Do you have any written material in regard to the usual policy followed in such cases? One clinic here wishes to work directly on a regular basis with the boarding parents, with the caseworker not being a part of the sessions. Another sees its place as working with the child directly and having frequent conferences with the caseworker so that she can carry the responsibility of the relationship in the boarding home completely.

We will appreciate information regarding practices elsewhere.

BEATRICE L. GARRETT

*Director, Children's Bureau of Knoxville and
Knox County, Knoxville, Tenn.*

Editor's Reply:

We asked Dr. George Stevenson, of the National Mental Health Association, for an opinion which he gave verbally as follows. Dr. Stevenson made the point that, like every other rule, there will be circumstances under which it must be set aside. He stated, however, that, since the boarding parents carry only a part of the parental responsibility and share it with the agency which in turn must share it with the parents, and since in the end the agency is responsible for

helping the boarding parents and the child in their day-to-day living, generally the practice would be that the clinic work with the child and with the caseworker who, in turn, works with the boarding parents. This would not preclude (and that seems advisable) an interview with the boarding parent by the clinic to enable the therapist to get a direct account of the child's behavior and his relationship with the various members of the foster family. It might also serve, on occasion, to help the boarding parents understand why, under these circumstances, their special tolerance might be needed for a period. However, the lines of responsibility should be kept clear, and the foster parents should know that they are directly responsible to the agency in regard to the child's daily living. By-passing the caseworker and the agency not only causes confusion, but may interfere with the child's best use of the placement service.

We have also asked two psychiatrists their opinions on the subject. Dr. Hyman S. Lippman, Director, Amherst H. Wilder Child Guidance Clinic, St. Paul, Minn., replied as follows:

The child guidance clinic staff functions as a psychiatric team for those children in emotional conflict who receive intensive

therapy.¹ A community agency referring a child for study has in most instances been actively engaged in trying to help the child and his family. In referring the child, the agency looks for help in establishing a diagnosis and obtaining therapy for the child who has not responded to its treatment. Usually the agency remains active with its cases and continues to serve the family while the child is being studied or treated at the clinic.

Difficulties often arise because of problems of communication, but these can be surmounted when the caseworkers of the referring agency and those of the clinic staff keep in frequent contact with each other regarding the child and his family. This is often difficult and time-consuming.

Where the clinic treats a child who is living in a foster home, casework with the foster parents is assumed in most instances by the child-placement agency. Usually the referral is made after the child-placement caseworker has known the child for some time and has worked with his foster parents over a long period of time. The child-placement caseworker also continues with her casework treatment of the child, and keeps the clinic acquainted with any information she obtains from the child and from the foster parents. She avoids discussion of the kind of emotional problems which the child discusses with the psychiatrist. Situations occasionally arise when the child-placement caseworker obtains more significant information from the child than the psychiatrist is getting. When this persists, the psychiatrist may discontinue his interviews. The caseworker then may continue her interviews with the child, and discuss them with the psychiatrist. This may be in the nature of supervisory interviews, or the caseworker and her supervisor may have conferences with the clinic psychiatrist.

¹ An attempt is made to have each staff member's dictation current so that the other members of the team are aware of what each is accomplishing with the child and his parents. There are many opportunities for the staff to get together for a formal conference or for brief informal conferences.

Often foster home placement is temporary, with casework provided for the child's own family, looking toward the child's eventual return to his own home. Casework with the child's own parents may be provided by the child-placement agency or by a family agency. The caseworker working with the foster parents may prefer to work with the child's parents, too, since it is often a matter of considerable importance that the caseworker help the child's foster parents to understand and accept the behavior of the child's own parents. Similarly it is equally important that the agency caseworker help the parents accept the foster parents in their role as substitute parents. Occasionally the child-placement agency prefers to have the casework with the child's parents carried on by the child guidance clinic caseworker because of the nature of the parent-child problem, or because the parents insist on having a closer relationship with the clinic.

It is essential that the child guidance clinic staff be sufficiently flexible to deal with the variety of circumstances that may arise in connection with treating the conflicted child in foster home placement. My remarks refer to the practices we have found to work best at the Amherst H. Wilder Child Guidance Clinic in St. Paul, where we have always worked closely with the social agencies concerned with the welfare of families. It is well also for a child-placement agency to keep in mind that a given child guidance clinic may function best when permitted to deal with problems in a way in which it has been most successful.

Dr. John A. Rose, Director, Philadelphia Child Guidance Clinic, Philadelphia, Pa., reported on his experience as follows:

The question of the relation between the child guidance clinic and the child-placing agency is an interesting one which is well worth a much longer reply than I can give at this moment. There was a time in the past when, if a child from a boarding home was in treatment, the personnel of this clinic saw

only the child's social worker. The working relationship thus established tended to break down usually because the child was unable to make progress in treatment. An examination of the factors surrounding this situation suggested that the child's caseworker was unaware of certain pertinent realities in the child's life. Among these factors were: evaluation of the relationship of the child's own parents to the placement situation, that is, an unresolved feeling of rejection on the part of the child which could not be clarified. At other times, the foster care worker failed to assess clearly the relationship between the foster mother and the agency or the foster mother and the child. For instance, the foster mother might be quite disappointed or angry at the agency for having given her this particular child to care for. Sometimes there were manifestations of direct conflict between the foster mother and the child's caseworker. Also, at times, even the decision to bring a particular child for treatment was the result of unresolved conflict between the foster care worker and her supervisor.

It will be noted in all honesty that these problems began to multiply very heavily during the period when more and more seriously disturbed children were coming into placement. In retrospect, it is possible to speculate that the placement was a euphemism covering a particular way of resolving a serious parent-child conflict.

For all of the above reasons, then, I can see no point in treating the foster parents in the same way as the child's own parents. On the other hand, the placement situation has become so complex that at times it is very difficult for the clinic to establish the reality situation against which the child's conflicts must be viewed. It may be that in the long run the simplest assay will be to try to determine the ability of the total hierarchy of the child, including agency and foster parents, to tolerate the insults offered by the disturbance in the child.

In summary then, the more severely a child who comes into placement is disturbed, the more he can complicate and distort the operations of the protective hierarchy, and the more difficult it is to understand the interplay of values in this group. The responsibility of a psychiatric clinic for children is to try to offer treatment to those children who would seem to be able to profit from

treatment. Confusion in a child's dependent hierarchy may make such treatment untenable at times. This situation is one in which a psychiatric clinic for children needs to have much experience and to exercise great judgment. On one side there is the possibility that the clinic may be open to the accusation of being "too choosy about its cases" or too manipulative toward the agency. Ultimately it is best if the clinic and the foster care agency can arrive at a decision mutually as to when a child will be able to make use of treatment and when not. It is clear that the agency must remain *in loco parentis* to the child and not have this fact distorted by a clinical operation. I should suppose, however, that most of the difficulties about lines of responsibility have arisen as the result of attempts on the part of clinical personnel to succeed where they cannot easily do so.

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BEREAVED CHILDREN

A Student's Sensitive Observations

SOME YEARS ago I worked in an institution which cared for orphans from the Navaho Reservation. Many of its children had lost their mothers, recently or in a bitter past. Once, feeble grandparents or concerned neighbors brought them in; more recently they began to arrive in dusty black Government cars to stay a short or long time until the welfare worker found foster parents for them.

The six Jenkins children arrived in an interim stage between old and new systems. Their uncle called us from a nearby trading post to say that their mother, long tubercular, had died several days before and their alcoholic father had abandoned them. They were in a

shocking condition. Would we take them in immediately?

Their mother had always intended that they should come to us if this should happen.

Thus it was that I met the four youngest, who stayed in my dormitory until foster homes could be found for them: Barbara, aged seven; Susan, six; Allan, four; and Mary Jane, three. Truly a dramatic occasion, fortunately rare—but I remember almost nothing of the children themselves. As I think back of all that I learned about them through later experience, I can recall mainly my own reactions as a new housemother:

What would this influx do to my recent and precarious control of the dormitory? How could I prevent the busy little head lice and rampant impetigo from spreading to the other fourteen children already here? Where would I find decent clothes to replace the dirty rags that were the barely recognizable remains of their mother's care?

Now I can read back, and wonder what happened to those children that day. With all our good intentions, the only thing we knew for sure about them was that they were very dirty. After the briefest of greetings, we brought them directly into the big bathroom. True, one was a boy, and Navaho siblings are extremely modest before each other; but we did realize that these could not be separated, and two or three of us set about undressing them in a terrific uproar of steam and water. I doubt that they had ever seen a bathtub before, or even that much water in the desert country. I am sure they had never been so quickly deloused with stinging medicine, for the Navaho way is an affectionate one, a sort of rite performed by one close relative for another. I do recall that they clung with all their strength to their ragged clothing until we assured them that it would be returned to them after it was washed. Thus we transformed them into scrubbed and starched models, and so presented them to the curious stares of the fourteen earlier arrivals.

There is an impression in my mind that they did not eat our nourishing meal that day, and that they did not cry, but were very, very quiet, like young rabbits in a boy's hand. Barbara, the responsible little

mother of the family, did not require the rubber sheets that the others did, but she ran about a degree of temperature all that month; and my memory is only too well stocked with all the other symptoms of her anguish that appeared later during the years I knew her.

Frightened yet proud, silent yet eloquent, the Jenkins children conveyed to me so clearly that day the utter futility of all our preoccupation with their easily accessible bodies, governed as they were so completely by the stark fact of their grief and loss. As time went by, they taught me that their shattered lives needed ministrations that could not be given by soap and water, food and clothing. Gradually I learned to listen to their homesickness, and then to seek their uncle's aid in explaining our strange customs, so unlike the ideals their mother had instilled. Little by little they understood that we had not meant to "wash away all the Navaho" as they said. It was then that they could get on with the job of building their futures onto what remained of the past.

JEAN BAXTER

*Student, The New York School of Social Work
New York City*

BOOK NOTES

On Call for Youth, by Rudolf Wittenberg. Association Press, N. Y., 1956. 241 pp. \$3.50.

The professionally trained person picking up this book may have an inclination to put it down again rather quickly as being much too elemental for him to enjoy or to consider profitable. A more careful study of it, however, is likely to show him that the book carries more of a contribution in its content than its simple language would first suggest. It is a book that was obviously written for its helpfulness to those persons who have no specialized training but it is not without some refreshing value to the more experienced worker.

Considering the fact that the usual social worker, psychologist, or psychiatrist is so immersed in his own clinical approach and

devoted to the specialized vocabulary of his own particular discipline, it must be admitted that very real credit is due to the author of this book who is able to use such conversational and universal language despite the fact that he is an experienced clinician. Perhaps the book should really be reviewed by a person whose background is simply that of a parent or an occasional volunteer worker, for this is the group to which the book's message is directed and certainly its value must be gauged in terms of its usefulness to this lay person or volunteer worker. In judging the book with this in mind, it must be said that it is a truly useful piece of writing.

Primarily this book seems to be written for that volunteer who starts out to work, not with problem children, but with essentially normal children in the variety of group activities which use volunteers, such as the Y.M.C.A. programs, church activities, summer camps, etc. Such a volunteer in such a setting, nevertheless, will inevitably encounter behavior problems among the teen-agers with whom he works and though these behavior problems may be partially pathological, many times they will be simply the difficulties presented by the normal adolescent who is trying to learn how to be an adult. It really is a rather wonderful world

that Dr. Wittenberg explores here in his sensitive and down-to-earth way. It is the world of the young person who is covering his uncertainties with attitudes of "I don't care" or "I want to be left alone" or who is falling in love and who is then falling out of love and, whatever the problem presented at the moment, he is a puzzle and a frustration to the adults in his life.

It perhaps could be argued that the author is a little too naive in casually setting up neat categories of young people's problems and discussing them as separate items. However, this again would be the reaction of the more sophisticated practitioner whereas the book's proper audience, the newcomers to the field, will probably be more surely helped by this arrangement. The basic content of the book is truly sound and it says in highly understandable language many of the things that professional social workers have tried to say but have said less lucidly and less effectively.

Altogether the book seems well worth recommending to the person entering youth work without training, whether volunteer or full-time paid. It also might well be stocked on the shelves of family and children's service agencies for ready availability.

PAUL W. KEVE

*Director, Department of Court Services
Minneapolis, Minn.*

CLASSIFIED PERSONNEL OPENINGS

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CASEWORKER III in parent-child guidance service which is a service to families with troubled boys between the ages of 6-18; psychiatric and psychological consultation available. Requirements: Master's degree social work school plus five years' experience following graduation; experience in counseling with children and parents preferred. Man. Salary \$4572-\$5832, five-step plan. Social Security and retirement, health insurance paid by agency. Milton L. Goldberg, Executive Director, Jewish Big Brothers Association, Room 366, 590 N. Vermont Ave., Los Angeles 4, Calif.

CHILD WELFARE SERVICES WORKERS needed for fast-growing southern California county in adoptions or child welfare work. Excellent supervision. Benefits. Starting salary \$378; step increases to \$460. Must have one year in graduate social work school. Write County Personnel Dept., 236 Third St., San Bernardino, Calif.

SAN FRANCISCO, CALIFORNIA: Two openings (one in February, 1957, one in March, 1957) for professionally-trained family and child welfare caseworkers in large, multiple-function agency with professional staff of 64. Social Worker Grade I to \$4908, Social Worker Grade II to \$5424, Social Worker Grade III to \$6132. For further information and description of grade qualifications write: Executive Director, Catholic Social Service of San Francisco, 1825 Mission St., San Francisco 3, Calif.

CASEWORKER—experienced, for private Catholic institution for neglected and dependent girls ages 6-18; population 150. Apartment plan. Must be able to give casework treatment to children and parents. Other workers. Psychiatric consultation. Salary commensurate with training and experience. Graduate accredited school and experience in children's field preferred. Write: Sister Director, Mount St. Joseph's School, 1700 Newhall St., San Francisco 24, Calif.

MATURE CASEWORKER to head foster day care program in Hartford, Conn. Experience with day care services preferable but not necessary. Work involves family counseling, day care home studies, placements and supervision. Agency also provides foster home and adoption care, residential treatment services for emotionally disturbed children and protective services. Present salary scale \$3800-\$5300 depending on experience. Salaries in process of being revised upward. Please write Mrs. Alice Y. Moe, District Secretary, Children's Services of Connecticut, 1680 Albany Ave., Hartford 5.

CASEWORKER—Residential treatment center for emotionally disturbed children, Hartford. Private, nonsectarian, statewide multiple-function agency. Small case loads, excellent supervision, student training program, psychiatric consultation. Master's degree social work and preferably some experience required. Present salary scale \$3800-\$5300 depending on experience. Salaries in process of being revised upward. Please write Miss Ruth H. Atchley, Resident Director, Children's Services of Connecticut, 1680 Albany Ave., Hartford 5, Conn.

COME TO COLORFUL COLORADO! Immediate positions available for Child Welfare Workers in CWLA and APWA agency. Salary range \$4020-\$5256. One year graduate training required. Excellent benefits, professional supervision, and unusual opportunity for development in well-rounded child welfare program. Write Personnel Officer, Denver Department of Welfare, 777 Cherokee, Denver, Colo.

CASEWORKERS (3) in private, nonsectarian, statewide multiple-function agency. Small case loads, excellent supervision, student training program, psychiatric consultation. Openings in Hartford in newly established Protective Services Unit and in child placing. Other openings in Torrington and New London District Offices. Requirements: Master's degree social work, some experience preferable. Present salary scale \$3800-\$5300 depending on experience. Salaries in process of being revised upward. Please write C. Rollin Zane, Executive Director, Children's Services of Connecticut, 1680 Albany Ave., Hartford 5.

CASEWORKER in family-children's service agency providing family casework, specialized services to unmarried mothers, child placement and adoption. Salary comparable with good practice. Social Security and retirement. Write Miss Jane K. Dewell, Executive Secretary, Catholic Social Service Bureau, 478 Orange St., New Haven, Conn.

CASEWORKER in multiple-function, private, nonsectarian, child welfare agency. Case load of emotionally disturbed children in institutional setting. Psychiatric consultation. Good personnel practices. Top salary limit \$5600. Minimum requirements: two years' graduate social work training. Complete details by writing Anna K. Buell, Casework Supervisor, Children's Center, 1400 Whitney Ave., New Haven, Conn.

FLORIDA—SUPERVISORS AND CASEWORKERS—Youthful, professionally-trained caseworkers, senior workers and supervisors needed in several Florida cities in statewide private agency offering adoption placement and related services, including services to unmarried mothers. Caseworker salaries \$3900-\$5000. Salaries for senior caseworkers and supervisors range from \$4500-\$6500 commensurate with experience in child placement and adoptions. Write Miss Cornelia Wallace, Associate Director, Children's Home Society of Florida, P.O. Box 5722, Jacksonville 7, Fla.